



STATE OF NEW HAMPSHIRE PARI-MUTUEL COMMISSION
78 Regional Drive, Box 3, Concord, NH 03301-8530 Telephone (603) 271-2158 Fax (603) 271-3381

GAMES OF CHANCE FINANCIAL REPORT

Name of Organization: _____ Org. ID #: _____ Game Date: _____

Name of Game Operator: _____ Address: _____

Revenue	
Games where chips have no monetary value	
All other games of chance	
Other Sales	
Gross Revenue	
Expenses	
Total Expenses	
Total Prizes Paid	
Total Paid Out	
Grand Total	
Profit for Organization*	
Deposit Summary	
Games of Chance	

*Pursuant to RSA 287-D:3, VIII, the charitable organization shall retain no less than 35 percent of the gross revenues from any game of chance minus any prizes paid on any game date in which game operators licensed under RSA 287-D:2-c are involved in any capacity. Such revenues shall be used by the organization to advance its charitable purpose.

Pursuant to RSA 287-D:5, I, a charitable organization shall submit a complete financial report for each licensed game date within 30 days of the end of each month during which a game of chance was held.

Other Sales (Cash or Check)	Type of Sale	Amount	Check #
TOTAL			

Please detail all expenses incurred directly or indirectly for the operation of games of chance by the organization and/or game operator. Please note who paid the expense by checking the box in the appropriate column.	Statement of all Expenses	Game Operator	Charitable Organization	Amount	Check #	Date
	Facility Occupancy - Rent:					
	Equipment Rental Fee:					
	License Fee:					
	Advertising:					
	Maintenance:					
	Police Service Fee:					
	Printing and Publications:					
	Supplies:					
	Game Operator Fee:					
	Other Expenses (explain below):					
TOTAL						

Prizes Paid (Cash or Check) Please detail all prizes paid during the games of chance.	Type of Prize	Amount	Check #
TOTAL			

Other Expenses: Attach separate sheet if necessary.

GAME DETAILS FOR GAMES WHERE CHIPS HAVE NO MONETARY VALUE									
Game Time									
Type of Game									
Attendance									
Buy-In Amount									
# of Buy-Ins Sold									
Total Buy-In Amount									
Re-Buy Amount									
# of Re-Buys Sold									
Total RebuyAmount									

GAME DETAILS FOR GAMES WHERE CHIPS HAVE MONETARY VALUE									
Game Name									
Type of Game									
Chip Value									
# of Chips Sold									
Total Chip Amount									

Attach a List of all Persons that Participated in the Operation of Games of Chance. Pursuant to RSA 287-D:2-b, X, the charitable organization shall keep a record of all persons participating in the operation of a game of chance, including but not limited to, the date and location of the game and the **person's name, address, telephone number, and type of participation in the game.**

I hereby certify that the above statements and all documents contained within this report are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the above statements or answers to questions.

Prepared By: _____

Title: _____

Treasurer
(Print name): _____

Chairperson
(Print name): _____

Signature: _____

Signature: _____

Date: _____

Date: _____